



Education Achievement Authority of Michigan

Benefits and Enrollment Guide 2013-2014



Health • Dental • Vision • Life • Disability

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2013 Benefit Summary Guide Overview

Education Achievement Authority of Michigan offers eligible employees a variety of benefits that can provide you and your family with health care coverage, financial protection and more, tailored to best fit your needs. Our benefits program is an important part of your overall compensation and with the assistance of Hylant Group, we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant new information are highlighted below, however, we encourage you to review this guide in its entirety.


Enrollment Period: Enrollment is only available beginning July 23, 2013 through July 26, 2013. This is the only opportunity you will have to enroll in the benefit programs offered through Education Achievement Authority. You will be locked into the plan selections until the next open enrollment period unless there is a qualifying event (marriage, divorce, birth, adoption or change in custody of a child, death of a dependent, change in employment status). All changes must be made within 30 days of the event.

- **Customer Service Hotline:** In order to help you with your benefit questions, claim issues, enrollment and general inquiries, you and your dependents may contact Hylant Group. **Hylant Group is a one-source helpline for all of your benefit questions. Please call the toll-free number (1.800.609.9614) and speak to a customer service specialist who knows your benefit plan and can help with any questions.**



This booklet is intended for illustrative and information purposes only. The plan documents, insurance certificates and policies will serve as the governing documents. In the case of conflict between the information in this booklet and the official plan documents, the plan documents will always govern. The Education Achievement Authority of Michigan reserves the right to change or terminate at any time, in whole or in part, the employee benefit package, with respect to all or any class of employees, former employees and retirees.

Contact Information

Broker Hylant Group 	General Claims & Benefit Information Customer Service: 1-800-609-9614 Website: www.hylant.com
Medical – PPO Blue Cross Blue Shield of Michigan PPO 500 Group# 007035233-0002 PPO \$2,500 Group# TBD	Customer Service: 1-877-790-2583 Website: www.bcbsm.com
Medical – HMO Blue Care Network Group# 00416841-0001	Customer Service: 1-800-662-6667 Website: www.mibcn.com
Dental Guardian PPO Group# TBD DMO Group# TBD	Customer Service: 1-800-627-4200 Website: www.guardiananytime.com
Vision (VSP) Group# TBD	Customer Service: 1-800-877-7195 Website: www.vsp.com
Voluntary Life & Disability Insurance UNUM Group# 294381 # 294380	Customer Service: 1-866-679-3054 Website: www.unum.com
Employee Assistance Program available to employees who elect the Voluntary LTD coverage UNUM	Customer Service: 1-800-854-1446 Website: www.lifebalance.net User ID: lifebalance Password: lifebalance
Travel Assistance Program available to employees who elect the Voluntary LTD coverage UNUM	Customer Service: Within the US: 800-872-1414 Outside the US: 609-986-1234 Via E-Mail: medservices@assistamerica.com Reference Number: 01-AA-UNM-7216
Whole Life & Short Term Disability UNUM	Customer Service: 1-800-635-5597 Website: www.unum.com
Online Enrollment Tool BenXpress	Website: www.benxpress.com/EAA
Hylant Script Navigator	Website: http://www.hylantscriptnavigator.com
Video Benefits Meeting	Website: http://meeting.videobenefitsguy.com/ea Username: video1 Password: eaa2013

When contacting any of the companies above it is important to have the Insurance card or I.D. number (s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, i.e. Explanation of Benefits, denial letter, receipts, etc.

Eligibility

Education Achievement Authority of Michigan is pleased to offer its employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family while you are an active employee.

Eligibility: Health and welfare plans are available to all employees who work 30 hours or more per week.

Dependent Eligibility: If you wish, your dependents may also be covered under the medical and dental plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26; and
- Medical: BCBS-through the end of the calendar year in which the dependent attains age 26 regardless of student, marital, or employment status.
- Dental: Guardian-Up to age 20 (26 if a full time student)
- Vision: VSP-Up to age 20 (26 if a full time student)
- Life Insurance: Unum-Up to Age 19 (26 if full time student)
- It is your responsibility to provide the Human Resources Department with proof of your dependents' eligibility, in the form of: (a) your most recent Federal Income Tax Return, (b) Court Order specifying your responsibility to provide "group health care coverage" to your dependent children, (c) copy of birth certificate or (d) copy of marriage certificate.

New Hire Coverage: As a new hire, your plan eligibility date is your Date of Hire. Once the necessary enrollment materials have been completed, benefits are effective on the first of the month following 30 days.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period.

Annual Elections: It is important that you make your choices carefully, since changes to those elections can generally only be made during the annual open enrollment period. Exceptions will be made for changes in family status during the year (excluding Voluntary Life/AD&D), allowing you to make a mid-year benefit change. A family status change includes:

- Marriage
- Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment or
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit elections (excluding Voluntary Life & AD&D) within 30 days of the qualifying event, or you will need to wait until the next annual open enrollment period.

COBRA Continuation Coverage: When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.

Medical Plans At A Glance

Healthcare benefits are one of the most important and necessary parts of your benefit package. The following is a summary of your benefits offered through Blue Cross Blue Shield and Blue Care Network. For a more detailed explanation of benefits, please refer to your certificate of coverage. You may access a list of participating providers at www.bcbsm.com or www.mibcn.com. "Benefits-at-a-Glance" for all plans is available on the Ben Xpress website.

	Community Blue PPO \$500		Community Blue PPO \$2,500	
	Member's responsibility (deductibles, copays and dollar maximums)			
	In-Network What you pay	Out-of-Network What you pay	In-Network What you pay	Out-of-Network What you pay
Deductibles	\$500 for one member, \$1,000 for the family (when two or more members are covered under your contract) each calendar year Note: Deductible may be waived if service is performed in a PPO physician's office.	\$1,000 for one member, \$2,000 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network deductible amounts also apply toward the in-network deductible.	\$2,500 for one member, \$5,000 for the family (when two or more members are covered under your contract) each calendar year Note: Deductible may be waived if service is performed in a PPO physician's office.	\$5,000 for one member, \$10,000 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network deductible amounts also apply toward the in-network deductible.

Medical Plans At A Glance (continued)

	Community Blue PPO \$500		Community Blue PPO \$2,500	
	Member's responsibility (deductibles, copays and dollar maximums)			
	In-Network What you pay	Out-of-Network What you pay	In-Network What you pay	Out-of-Network What you pay
Percent Copays Note: Copays apply once the deductible has been met.	50% of approved amount for private duty nursing	50% of approved amount for private duty nursing	50% of approved amount for private duty nursing	50% of approved amount for private duty nursing
	20% of approved amount for most other covered services (copay waived if service is performed in a PPO physician's office)	40% of approved amount for most other covered services	20% of approved amount for most other covered services (copay waived if service is performed in a PPO physician's office)	40% of approved amount for most other covered services
Preventive Care	Covered 100%- No Annual Maximum. (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Not Covered except certain services (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Covered 100%- No Annual Maximum. (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Not Covered except certain services (Please see BCBS Benefits-at-a-Glance or Certificate for more details)
Annual Copay Dollar Maximums (Includes Deductible)	\$2,000 for one member, \$4,000 for two or more members each calendar year	\$4,000 for one member, \$8,000 for two or more members each calendar year Note: Out-of-network copays also apply toward the in-network maximum.	\$5,000 for one member, \$10,000 for two or more members each calendar year	\$10,000 for one member, \$20,000 for two or more members each calendar year. Note: Out-of-network copays also apply toward the in-network maximum.
Physician Office Services				
Office Visits – must be medically necessary	\$20 copay per office visit	60% after out-of-network deductible	\$30 copay per office visit	60% after out-of-network deductible
Urgent Care Visits – must be medically necessary	\$20 copay per office visit	60% after out-of-network deductible	\$30 copay per office visit	60% after out-of-network deductible
Emergency Medical Care Hospital Emergency Room	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)

BCN HMO

Member's responsibility (deductibles, copays and dollar maximums)

In-Network What you pay

Deductible	None
Preventive Care	Covered 100%- No Annual Maximum. (Please see BCN Benefits-at-a-Glance or Certificate for more details)
Copays/Coinsurance	
Fixed Dollar Copay	\$25 for PCP office visits, \$35 referral physician visit, \$35 for urgent care visits, \$50 for ambulance services, \$100 for emergency room visits and \$5 for allergy injections
Coinsurance	20% and 50% for select services. (Coinsurance applies to Diagnostic Testing, In and Out Patient Hospitalization, Surgical Services and Mental Health and Substance Abuse Services. Please see BCN Benefits-at-a-Glance or Certificate for more details)
Copay/Coinsurance Dollar Maximums	
Fixed Dollar Copay	None
Coinsurance	\$1,500 per member, \$3,000 per family per calendar year
Physician Office Services	
Office Visits	Covered – \$25 copay*
Consulting Specialist Care – when referred for other than preventive services	Covered – \$35 copay*
Emergency Medical Care	
Hospital Emergency Room – copay waived if admitted, inpatient hospital benefits apply	Covered – \$100 copay*
Urgent Care Center	Covered – \$35 copay*
Ambulance Services – medically necessary	Covered – \$50 copay applies to the annual maximum of \$1,500 per member, \$3,000 per family

*Copay does not apply to Annual Maximum

Prescription Drugs

Plan Design Summary	BCN Basic	BCBS CB 500	BCBS CB 2500
Generic	\$10	\$7	\$7
Brand (Formulary / Non-Formulary)	\$40 / not covered	\$35 / 70	\$35 / 70
Mail Order Program	2x Retail copay	2x Retail copay	2x Retail copay

Dental & Vision Plans At A Glance

The dental coverage is provided by Guardian. You will have the option to select a dental PPO or DMO plan. With Guardian you have access to an extensive network of dentists. To see a list of participating providers go to: www.guardianlife.com. The vision coverage is provided by VSP. With VSP you have access to an extensive network of providers through the VSP Choice Plan. To see a list of participating providers go to www.vsp.com.

Dental Plans			
Plan Design Summary	DMO	PPO	
		In-Network	Out-of-Network
Deductible (Individual / Family)	\$5 copay	None	
UCR			80%
Class I Benefits (Preventive)			
Diagnostic, Preventive	\$0	100%	100%
X-Rays	\$0	100%	100%
Sealants	\$0	100%	100%
Class II Benefits (Basic)			
Emergency Palliative	Fee Schedule	75%	75%
Oral Surgery	\$0	75%	75%
Fillings	\$0	75%	75%
Endodontics, Periodontics			
Class III Benefits (Major)			
Bridges, Dentures	Fee Schedule	50%	50%
Crowns, Inlays, Onlays	Fee Schedule	50%	50%
Class IV Benefits (Ortho)	Fee Schedule	50%	50%
Annual Maximum	N/A	\$1,500	
Lifetime Ortho Maximum	N/A	\$1,500	

Vision Plan		
Plan Design Summary	In-Network	Out-of-Network
Eye Exams	\$10 copay	Reimbursed up to \$45
Lenses	\$25 copay , then Covered in full	Reimbursed up to: \$30 (Single) \$50 (Bifocal) \$65 (Trifocal) \$100 (Lenticular)
Contact Lenses (Medically Necessary)	Covered in full	Reimbursed up to \$210
Contact Lenses (Elective)	\$130 allowance	Reimbursed up to \$105
Frames	\$130 allowance	Reimbursed up to \$70
Benefit Frequency	12 months Exams 12 months Lenses 24 months Frames	

Voluntary Life and Disability Coverage

Life/AD&D Insurance

This year only - Special One Time Open Enrollment!

This year you are being offered the opportunity to enroll in the Voluntary Life without medical questions! If you are currently enrolled in the plan, or if you previously waived coverage, you can now enroll for any amount up to the Guarantee Issue limits without answering any medical questions. In addition, if you enroll now for any amount of coverage, you secure your ability to increase your coverage up to the Guarantee Issue limits without medical questions at a future annual enrollment. If you waive coverage when you are initially eligible, you will only be allowed to enroll during an annual enrollment and you will be required to provide Evidence of Insurability. Newly eligible/new hires who enroll within their new hire waiting period may also elect coverage up to the Guarantee Issue limits with providing Evidence of Insurability.

Note: If you were previously declined by Unum, you must provide Evidence of Insurability to apply for coverage.

Benefit Amount	Benefit Amount
Employee Life/AD&D Insurance	Amounts in \$10,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of 5X Annual Earnings or \$500,000 Guarantee Issue: \$150,000 (applies to employees in their initial eligibility period) (Employees must enroll in coverage in order to enroll dependents)
Spouse Life/AD&D Insurance	Amounts in \$5,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of Employee Amount or \$500,000 Guarantee Issue: \$25,000 (applies to employees in their initial eligibility period)
Child Life/AD&D Insurance	Amounts in \$2,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of Employee Amount or \$10,000 (Eligibility: Child(ren) to age 19 or 26 if a full-time student)
Age Reduction Schedule	Life Benefit Reduces to 65% at Age 70; and 50% at Age 75

This is only a summary of the plan. Refer to the certificate of coverage for complete details and provisions.
If the terms of this brochure and the policy differ, the policy will govern.

Long Term Disability Insurance

Special Enrollment: This year you are being given the opportunity to enroll in the Long Term Disability without answering any medical questions. Even if you waived coverage before! If you choose to waive coverage this year, and later wish to enroll you will be required to answer medical questions and your coverage will not be effective until Unum approves your application. Note: If you were previously declined by Unum, you must provide Evidence of Insurability to apply for coverage.

Plan Features	Benefit Amount
Monthly Benefit	60% of Monthly Earnings to a Maximum Benefit of \$5,000 per Month
Elimination Period	90 Days
Benefit Duration	To Age 65
Pre-Existing Condition Limitation	A "Pre-Existing Condition" means the employee: 1.) received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 12 months just prior to his/her effective date of coverage; and 2.) the disability begins in the first 24 months after the employee's effective date of coverage unless they have been treatment free for 12 months after his/her effective date of coverage.

This is only a summary of the plan. Refer to the certificate of coverage for complete details and provisions.
If the terms of this brochure and the policy differ, the policy will govern.

Monthly Employee Contributions

	<i>Employee Only</i>	<i>Employee & Spouse or Employee & Child</i>	<i>Employee & Family or Employee & Children</i>
Medical Plan			
<i>BCN</i>	\$88.54	\$284.52	\$370.29
<i>BCBSM CB \$500</i>	\$235.04	\$561.14	\$715.67
<i>BCBSM CB \$2500 20%</i>	\$191.12	\$455.88	\$582.43
Dental Plan			
<i>Guardian PPO</i>	\$15.12	\$28.80	\$51.02
<i>Guardian HMO</i>	\$10.03	\$19.78	\$31.20
Vision Plan			
<i>VSP</i>	\$2.02	\$3.11	\$5.62



Whole Life Insurance

Unum's whole life insurance is designed to pay a death benefit to your beneficiaries but it can also build cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase with age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

Advantages of the plan

- Coverage is available to eligible employees age 15 to 80 who are actively at work.*
- You can buy coverage for your spouse and dependent children.
 - o This includes a children's term rider, which provides coverage to age 25 for your child. At age 25, your child has the option to purchase individual coverage up to five times the amount of the term rider without a medical exam.
- Guaranteed at a rate of 4%. The policy can build cash value, which you may be able to borrow from during your working years. Later in life, you can use this cash value to buy a smaller "paid up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer. The premiums do not increase with age and are conveniently deducted from your paycheck.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.
- This policy includes a Living Benefit Option Rider. That means if you are diagnosed with a medical condition that limits life expectancy to 12 months or less you can request up to 100% of the benefit amount, to a maximum of \$150,000. Your spouse and dependents have this option as well.

Additional coverage options

- Your employer also selected the Long Term Care Benefit Rider. You can learn more about this feature at your enrollment event.

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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Individual Short Term Disability Insurance

Unum's individual short term disability insurance replaces a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. Common reasons people use this coverage include injuries, a covered pregnancy, and digestive problems — such as gall bladder surgery.

Advantages of the plan

- Coverage is available to eligible employees age 17-69 who are actively at work.*
- Choose a monthly benefit between \$400 and \$3,000 for covered disabilities due to injury or illness.
- Coverage of up to 60% of your gross monthly salary may be offered
- The affordable premium is based on your age when you buy the insurance and will not increase as you get older.**
- Your policy is guaranteed renewable, until age 72, as long as you pay the premiums on time.
- Your plan includes a Waiver of Premium, included at no extra charge for covered injuries and illnesses. This means you don't have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They'll be waived as long as the disability continues, up to the maximum benefit period.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

**Premiums can be changed only if we change them on all policies of this kind in force in the state in which the policy is issued.

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Policy provisions

Pre-existing condition limitation — if you have a pre-existing condition† within a 12-month period before your coverage effective date, benefits will not be paid for a disability period if it begins during the first 12 months the policy is in force.

†A pre-existing condition is a condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated or received medical advice from a physician, or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.

Pregnancy — Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered illness, subject to the pre-existing condition limitation.

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